

EFFECTIVE DATE: 15 JUN 81  
PRODUCT (CONT'D): CHLOROTHENE (R) VG SOLVENT

PRODUCT CODE: 15822  
MSD: 0110

SECTION 5

HEALTH HAZARD DATA

INGESTION: VERY LOW TOXICITY. LD50 (LABORATORY ANIMALS) RANGES FROM 8.6 TO 15.0 G/KG.  
EYE CONTACT: MILD IRRITATION, BUT NO CORNEAL INJURY LIKELY.  
SKIN CONTACT: SHORT CONTACT - NO IRRITATION. PROLONGED OR FREQUENT EXPOSURE - MINOR IRRITATION.  
SKIN ABSORPTION: VERY LOW TOXICITY. LD50 (RABBITS) - 24 HOUR EXPOSURE - GREATER THAN 15 G/KG.  
INHALATION: OSHA STANDARD AND ACGIH TLV IS 350 PPM.  
EFFECTS OF OVEREXPOSURE: ANESTHETIC EFFECTS - MAY OCCUR IN THE RANGE OF 1000 PPM. CAN CAUSE DEATH IF TOO MUCH IS BREATHED.

SECTION 6

FIRST AID--NOTE TO PHYSICIAN

FIRST AID PROCEDURES:

EYES: IRRIGATION OF THE EYE IMMEDIATELY WITH WATER FOR FIVE MINUTES IS GOOD SAFETY PRACTICE.

SKIN: CONTACT WILL PROBABLY CAUSE NO MORE THAN IRRITATION. WASH OFF IN FLOWING WATER OR SHOWER. WASH CLOTHING BEFORE REUSE.

INHALATION: REMOVE TO FRESH AIR IF EFFECTS OCCUR. IF RESPIRATION STOPS, GIVE MOUTH-TO-MOUTH RESUSCITATION. ADMINISTER OXYGEN IF AVAILABLE. CALL PHYSICIAN AND/OR TRANSPORT TO MEDICAL FACILITY.

INGESTION: DO NOT INDUCE VOMITING. CALL A PHYSICIAN AND/OR TRANSPORT TO EMERGENCY FACILITY.

NOTE TO PHYSICIAN:

EYES: MAY CAUSE CONJUNCTIVITIS. STAIN FOR EVIDENCE OF CORNEAL INJURY.

SKIN: MAY CAUSE MILD IRRITATION. CHRONIC EXPOSURE MAY CAUSE DEFATTING TYPE OF DERMATITIS. TREAT AS ANY CONTACT DERMATITIS. NOT LIKELY TO BE ABSORBED IN ACUTELY TOXIC AMOUNTS.

RESPIRATORY: ANESTHETIC OR NARCOTIC EFFECT MAY OCCUR. ADMINISTER OXYGEN IF AVAILABLE. BRONCHODILATORS, EXPECTORANTS, AND ANTITUSSIVES MAY BE OF HELP.

ORAL: LOW IN TOXICITY. MAY CAUSE REACTION SIMILAR TO PETROLEUM OR PETROLEUM-LIKE SOLVENT. DANGER OF CHEMICAL PNEUMONIA MUST BE WEIGHED AGAINST TOXICITY WHEN CONSIDERING EMPTYING THE STOMACH. IF LAVAGE IS PERFORMED, SUGGEST ENDOTRACHEAL AND/OR ESOPHAGOSCOPIC CONTROL.

SYSTEMIC: MAY INCREASE MYOCARDIAL IRRITABILITY. AVOID EPINEPHRINE OR SIMILAR ACTING DRUGS IF AT ALL POSSIBLE. CONSULT STANDARD LITERATURE. NO SPECIFIC ANTIDOTE. TREATMENT BASED ON THE SOUND JUDGMENT OF THE PHYSICIAN AND THE INDIVIDUAL REACTIONS OF THE PATIENT.

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